

<i>SERFF Tracking Number:</i>	<i>AGNN-126172378</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42562</i>
<i>Company Tracking Number:</i>	<i>VL 18324 VER 5/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Independent Channel Application</i>		
<i>Project Name/Number:</i>	<i>/VL 18324 VER 5/2009</i>		

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: Independent Channel Application SERFF Tr Num: AGNN-126172378 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable SERFF Status: Closed-Approved- Closed State Tr Num: 42562

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: VL 18324 VER 5/2009 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
 Author: Natalie Prevost Disposition Date: 06/08/2009
 Date Submitted: 06/02/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number: VL 18324 VER 5/2009	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Simultaneously filing in Texas
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 06/08/2009	Explanation for Other Group Market Type:
	State Status Changed: 06/08/2009
Deemer Date:	Created By: Natalie Prevost
Submitted By: Natalie Prevost	Corresponding Filing Tracking Number:
Filing Description:	
VIA SERFF	

Re: The Variable Annuity Life Insurance Company
 NAIC# 70238

SERFF Tracking Number: AGNN-126172378 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42562
Company Tracking Number: VL 18324 VER 5/2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Independent Channel Application
Project Name/Number: /VL 18324 VER 5/2009
FEIN# 74-1625348
Form# VL 18324 VER 5/2009 Annuity Application

Dear

The above-referenced form is enclosed for your review and approval. Form VL 18324 VER 5/2009 is a new form and does not replace any forms previously approved by your Department. The application is similar to VL 18324 VER 1/2008, previously approved by your department on 11/06/08, except that the Company name and brand throughout is updated.

Form VL 18324 VER 5/2009 will be used to enroll in a retirement plan funded by our individual flexible premium annuity contract IFA-406 approved by your Department on 05/05/06.

This application form includes replacement questions as well as an investor profile to determine investment goals and suitability.

If you have any questions or need additional information, please contact me at 1-800-262-4764, x8705 or via e-mail at natalie.prevost@valic.com. My fax number is 713-831-6932.

Sincerely,

Natalie Prevost

Natalie Prevost
Legal Analyst

Enclosures

Company and Contact

Filing Contact Information

Natalie Prevost, natalie.prevost@aigretirement.com
2919 Allen Parkway 713-831-8705 [Phone]
L10-30 713-831-6932 [FAX]
Houston, TX 77019

Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas

SERFF Tracking Number: AGNN-126172378 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 42562
Company Tracking Number: VL 18324 VER 5/2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Independent Channel Application
Project Name/Number: /VL 18324 VER 5/2009
2929 Allen Parkway, L10-30 Group Code: 11 Company Type:
Houston, TX 77019 Group Name: State ID Number:
(713) 831-1305 ext. [Phone] FEIN Number: 74-1625348

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Fee for filing in Texas
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	06/02/2009	28257884

SERFF Tracking Number:	AGNN-126172378	State:	Arkansas
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TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.002 Flexible Premium
Product Name:	Independent Channel Application		
Project Name/Number:	/VL 18324 VER 5/2009		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/08/2009	06/08/2009

<i>SERFF Tracking Number:</i>	<i>AGNN-126172378</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>VL 18324 VER 5/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Independent Channel Application</i>		
<i>Project Name/Number:</i>	<i>/VL 18324 VER 5/2009</i>		

Disposition

Disposition Date: 06/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AGNN-126172378</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/VL 18324 VER 5/2009</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		Yes
Form	Annutiy Application		Yes

SERFF Tracking Number:	AGNN-126172378	State:	Arkansas
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TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.002 Flexible Premium
Product Name:	Independent Channel Application		
Project Name/Number:	/VL 18324 VER 5/2009		

Form Schedule

Lead Form Number: VL 18324 VER 5/2009

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VL 18324 VER 5/2009	Application/ Annutiy Enrollment Form	Application	Initial		45.000	VL 18324_0509.pdf

The Variable Annuity Life Insurance Company (VALIC)
Houston, Texas]

☐ 403(b) ☐ 457(b) ☐ TRADITIONAL IRA ☐ ROTH IRA

1. ANNUITANT/APPLICANT INFORMATION

Name: _____ SSN or Tax ID: _____
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. Gender: ☐ Male ☐ Female Age: _____ Date of Birth: _____
☐ Married ☐ Not Married [☐ Civil Union/Domestic Partner (If recognized by your state, see Information page.)]
Residence Address*: _____ City: _____ State: _____ ZIP: _____
Daytime Phone: (____) _____ Work Phone: (____) _____ Other Phone: (____) _____
Mailing Address* (if different from above): _____
City: _____ State: _____ ZIP: _____
*All accounts will be updated with these addresses.

2. BENEFICIARY DESIGNATION

This beneficiary designation supersedes all previous beneficiary designations for such account(s).

- To ensure that all beneficiaries are identified, list each by name.
- If no percentage is indicated, your benefits will be paid equally to the listed beneficiaries.
- Percentage total must equal 100%.
- A beneficiary may be an individual, institution, estate, or trust.
- If you wish to designate as beneficiaries your current children, and any children who may be born to you or legally adopted in the future, add the words "all my living children" in the name box following the last child listed.
- When there are multiple beneficiaries and one predeceases you, the proceeds will be divided between the remaining beneficiaries.
A designation of "Per Stirpes" after the beneficiary name allows the children of the deceased beneficiary to receive the deceased beneficiary's portion.

2A. [INDEPENDENT CHANNEL] ANNUITY (Required – this section must be completed.)

☐ The beneficiary(s) for the [INDEPENDENT CHANNEL] Annuity is the same as the beneficiary for my mutual fund custodial account. (No designation required.)

PRIMARY:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name(s): _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CONTINGENT:	Relationship or Trustee Name:	SSN or Tax ID: (Optional)	Date of Birth or Trust Date:	Percentage (Whole) %:
Name(s): _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Check here if you have named additional beneficiaries on a separate sheet, signed, dated and attached to this form.
Print your name and Social Security number at the top of each separate sheet attached.

3. CONTRIBUTION SOURCE

TO BE COMPLETED BY AGENT

	Employee Voluntary (1)	Employee Mandatory or Matched (2)	Employer Basic (3)	Employer Supplemental or Matching (4)	Employee Roth (5) 403(b) Only
Group # _____					
Plan Type _____					
Plan # _____					
Product _____					
Sub Group _____					

Arizona Residents: On written request, we are required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the annuity contract to the annuity contract holder and if for any reason the contract holder is not satisfied with the annuity contract, the contract holder may return the annuity contract within 20 days, or within 30 days if the contract holder is 65 years of age or older on the date of application for the annuity contract, after the contract is delivered and receive a refund of all payments allocated to the fixed investment option(s), the variable investment option(s) accumulation value on the date the contract is returned, and any fees or charges on any investment option.

4. INVESTOR PROFILE

What are your objectives for the funds under consideration?

☐ Safety of Principal ☐ Income ☐ Long-Term Growth

Annual Household Income ☐ [Under \$50,000] ☐ [\$50,000 – \$100,000] ☐ [Over \$100,000 list amount \$_____]

Net Worth (excluding value of primary residence) ☐ [Under \$50,000] ☐ [\$50,000 – \$100,000] ☐ [Over \$100,000 list amount \$_____]

Tax Bracket: _____ %

5. AFFIRMATIONS AND STATEMENTS

[Are you as the owner of this account an active duty service member of the United States Armed Forces? ☐ No ☐ Yes (If yes, complete VL 22059.)

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will this annuity replace, discontinue or change any existing life insurance or annuity contract in this or any other company? ☐ Yes ☐ No

If yes, complete the following:

Contract Owner Name: _____

Contract Number(s): _____

Name of Insurance Company: _____]

This application is subject to acceptance by The Variable Annuity Life Insurance Company at its Home Office. Proof of age must be furnished before Annuity Payments begin.

By signing this form, I represent that all statements, answers, and affirmations are complete and true to the best of my knowledge and belief. I have read and understand the information provided in the Information page regarding the following subjects:

- **Fraud Warning**
- **Withdrawal Restrictions for 403(b) Plans, if applicable.**

☐ Check if you own or participate in another VALIC Product.

Annuitant/Applicant's Signature

Date

Signed at (City/State)

6. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

Licensed Agent: _____ VALIC Agent #/Location: _____
(Print Name)

Licensed Agent Phone: (_____) _____ State License #: _____

[To the best of my knowledge, the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ No

Do you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ No

If this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A]

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

Licensed Agent/Registered Representative's Signature

Date

Broker Dealer: _____
(Print Name)

Branch Office Address: _____

City: _____ State: _____ ZIP: _____

Licensed Principal of Broker Dealer's Signature

Date

Information

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

[In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Kansas, Kentucky, New Mexico, Ohio and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

WITHDRAWAL RESTRICTIONS FOR 403(b) PARTICIPANTS

[According to federal tax laws regulating certain 403(b) plans, any interest and earnings credited to your account after 12/31/88 and any elective contributions made after that date may be withdrawn only under any of the following circumstances.

- Separation from service
- Hardship (contributions only)
- Disability
- Death
- Age 59½ or older

You may withdraw up to 20% of the fixed account accumulation value each contract year.

Your Employer's plan may contain other withdrawal restrictions. Additionally, some employer plans have alternative investment options among which plan participants may transfer contract values.]

[CIVIL UNION/DOMESTIC PARTNER

Although, your state may recognize civil unions or domestic partners, Federal law governing annuities and/or retirement plans may not afford a civil union or domestic partner the same rights and options afforded to a spouse as defined in the Federal Defense of Marriage Act. For example, a civil union or domestic partner might not receive spousal protection under ERISA and pay out options available to the civil union or domestic partner upon death of the participant may differ from those available to a spouse.]

Questions about this form may be directed to [1-800-448-2542,] Monday through Friday, 7 a.m. to 8 p.m. Central Time.

Please send completed forms to:

[VALIC Document Control
P.O. Box 15648
Amarillo, TX 79105-5648]

Overnight Delivery

[VALIC Document Control
2271 S.E. 27th Avenue
Amarillo, Texas 79103]

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<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Independent Channel Application</i>		
<i>Project Name/Number:</i>	<i>/VL 18324 VER 5/2009</i>		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
FLSHCERT_.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	n/a- appliocation filing		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo		
Bypass Reason:	n/a- application only filing		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	SOV		
Comments:			
Attachment:			
SOV.pdf			

CERTIFICATION

VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC # 70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of your State and the forms achieved the following score:

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
VL 18324 VER 5/2009	Annuity Application	45



Tracey Harris
Vice President

June 2, 2009
Date

Statement of Variability for Form VL 18324 VER 5/2009

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

- Annuitant/Applicant Information: The box that states "Civil Union/Domestic Partner (If recognized by your state, see information page.)" is bracketed. This statement will either be included or not appear on the applications.
- Independent Channel (title and section 2A) is bracketed since the product name could change depending on the market that it is being offered in.
- Investor Profile The dollar amounts in the Financial Situation Section may be increased to be more meaningful depending on inflation and other economic conditions.
- Agent's replacement questions on page 2 are bracketed to allow for changes in state regulations.

INFORMATION on the last page:

The following items are bracketed: to allow for changes in wording required because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.

- California Senior Disclosure
- State specific Fraud Warnings
- Withdrawal Restrictions for 403(b) Participants on the last page is bracketed to allow for flexibility in offering both qualified and non-qualified versions of the two policies with which this application will be used. This information is only applicable to 403(b) participants and will therefore only appear for those applicants applying for a 403(b) contract.
- Civil Union/Domestic Partner on the last page is to allow for flexibility to comply with states whose legislation recognizes civil unions.
- The contact number for a Client Service Professional is shown as bracketed for situations where the number may change.
- Contact information on the last page is bracketed to allow for flexibility when that information may change.



Tracey Harris
Vice President

June 2, 2009